

PART B - FEE(S) TRANSMITTAL

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27581 7590 05/16/2005

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604
07/13/2005 HDEMESS2 00000032 132546 10057173

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

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MOLLY CHLEBECK (Depositor's name)
Molly Chlebeck (Signature)
July 12, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,173	01/25/2002	James D. Webb	P-9452	5280

TITLE OF INVENTION: SYSTEM AND METHOD FOR DISPLAYING IMPLANTABLE MEDICAL DEVICE DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, KIMBINH T	2671	345-418000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Girma Wolde-Michael
Michael C. Soldner
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Michael C. Soldner

Date

Registration No.

July 12, 2005
41,455

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Facsimile Cover Sheet

P9452.00

To: Office of Publications
Company: U.S. Patent and Trademark Office
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From: Michael C. Soldner
Company:  **Medtronic**
Phone: 763 514 4842
Fax: 763 514 6982

Date: July 12, 2005

**Pages including this
cover page:** 4

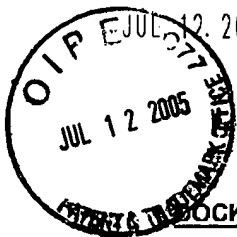
Comments: RE: P9452.00
Serial No. 10/057,173
Applicants: James D. Webb
Filed: January 25, 2002
Title: SYSTEM AND METHOD FOR DISPLAYING IMPLANTABLE MEDICAL
DEVICE DATA

Attached please find the following documents:

- X Issue Fee Transmittal
- X Part B-Fee(s) Transmittal
- X Fee Addressee For Receipt of PTO Notices
Relating to Maintenance Fees

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JUL 12 2005 1:19PM

7635146982 MEDTRONIC

NO. 6564 P. 2

PATENT

POCKET NO: P9452.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEE TRANSMITTAL

In re Application of: James D. Webb
For: SYSTEM AND METHOD FOR DISPLAYING IMPLANTABLE MEDICAL DEVICE
DATA
Serial No.: 10/057,173
Filed: January 25, 2002

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this FEE TRANSMITTAL and the paper(s), as described herein, are being sent via facsimile No. (703) 746-4000 to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 12th day of July, 2005.

Molly Chlebeck
Signature

Molly Chlebeck
Printed Name

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

- X Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a Total of \$1,700.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

July 12, 2005
Date

Michael C. Soldner
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No. 27581